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CONFIRMATION NO. 3032

SERIAL NUMBER 10/684,086	FILING OR 371(c) DATE 10/10/2003 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 03-255 US	
APPLICANTS Kimbolt Young, Newtonville, MA; Steve Anderson, Worcester, MA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/09/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 17	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 4
ADDRESS 31111					
TITLE MULTI-ZONE BIPOLAR ABLATION PROBE ASSEMBLY					
FILING FEE RECEIVED 1642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		